

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) POLICIES

(Addendum to Dodge County FMLA Policy)

Effective April 1, 2020

President Trump signed legislation on March 18, 2020 which modifies the requirements of the Family and Medical Leave Act (FMLA) by expanding the availability of FMLA due to impact of COVID-19 (Emergency Family and Medical Leave Expansion Act - EFMLEA), expands access to Unemployment Compensation Insurance Benefits (Emergency Unemployment Insurance Stabilization and Access Act of 2020) and creates paid sick leave (Emergency Paid Sick Leave Act - EPSLA) for employees while the employee or his/her family members are impacted by COVID-19. The legislative responses to the COVID-19 pandemic are all within the scope of what is known as the FAMILIES FIRST CORONAVIRUS RESPONSE ACT (the "Act"). The Act will take effect on April 1, 2020, with a sunset date of December 31, 2020. For details regarding FFCRA please see attached poster entitled "Employee Rights Paid Sick Leave and Expanded Family and Medical Leave under the Families First Coronavirus Response Act" or visit: www.dol.gov/agencies/whd.

I. **The Emergency Paid Sick Leave Act (EPSLA)**

Provides a limited term paid sick leave benefit for employees outside of the FMLA or EFMLEA.

A. **Employee eligibility:** All employees actively employed by Dodge County with the exclusion of health care providers and emergency responders as defined in the attached order from County Board Chairman, Russell Kottke, entitled "An Order Defining Health Care Provider and Emergency Responder of purposes of the Federal Families First Coronavirus Response Act".

B. **Qualifications:** The employee must be unable to work or telecommute because:

1. The employee is subject to a Federal, State or local quarantine or isolation order relative to the COVID-19 virus;
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of the COVID-19 (fever, cough, sore throat, shortness of breath) and is seeking medical diagnosis from an appropriate health provider;
4. The employee is caring for a family member subject to a federal, state or local order related to COVID-19;

5. The employee is caring for a son or daughter whose school or place of care is closed or child care provider is unavailable due to COVID-19 precautions; or,
 6. The employee is experiencing a substantially similar condition to COVID-19 as has been identified by the Secretary of Health and Human Services.
- C. **Pay During Leave:** The amount of Emergency Paid Sick Leave (EPSLA) available to employees is limited:
- Full-time: Eligible for 80 hours of Emergency Paid Sick Leave.
 - Regular, Part-time: Pro-rated based upon regular hours of work.
 - Variable Work Schedule: The average bi-weekly hours of work over the preceding six month period.

The actual pay to which an employee will be entitled will depend on the reason for the absence.

1. If absent due to reasons identified under 1), 2) or 3) under qualifications above (generally arising from the employee's quarantine), the employee will be entitled to:
 - a. 100% of regular hourly rate of pay (as long as in excess of minimum wage) for the hours of work missed and
 - b. Subject to the cap of \$511 per day, to a maximum aggregate payment of \$5,110.
 2. If absent due to reasons identified under 4), 5) or 6) under qualifications above, the employee will be entitled to:
 - a. 2/3 of the employee's regular rate of pay or minimum wage, whichever is greater, and
 - b. Subject to the cap of \$200 per day, \$2,000 in the aggregate
- D. **Benefits During Leave:** Benefits will continue as if the employee is actively working during this leave.

E. **Procedure for Requesting Leave and Certification:**

The Emergency Paid Sick Leave Act (EPSLA) requires that the employee give notice to the employer of the desire to use the available paid time. Notice must be given to the employer no later than the first workday (or portion of such workday) that the employee receives Emergency Paid Sick Leave.

Please refer to Procedures as set forth in Section II, Emergency Family Medical and Leave Expansion Act on how to request a leave under this act.

- F. **Return to Work:** Employees will not be required to provide a return-to-work notice unless specifically requested by Human Resources. Employees who experience virus symptoms (cough, fever, sore throat, shortness of breath) must be symptom free for 72-hours prior to returning to work.

- G. **Enforcement:** Nothing in this provision shall be construed in any way to diminish the rights or benefits that an employee is entitled to under any law, collective bargaining agreement, or existing County policy. An employee is encouraged to consult with Human Resources regarding any questions or concern.

An employee may not carry over any unused Emergency Paid Sick Leave. Further, upon an employee's separation from employment, any unused Emergency Paid Sick Leave is forfeited.

II. **Emergency Family and Medical Leave Expansion Act (EFMLEA)**

- A. **Employee eligibility:** All employees actively employed for at least 30 calendar days by Dodge County with the exclusion of health care providers and emergency responders as defined in the attached order from County Board Chairman, Russell Kottke, entitled "An Order Defining Health Care Provider and Emergency Responder of purposes of the Federal Families First Coronavirus Response Act".
- B. **Qualifications:** Employee is unable to work or telecommute and needs to care for a minor child if the child's school or childcare has been closed or is unavailable due to a public health emergency (COVID-19).
- C. **Pay During Leave:** The EFMLEA provides for time away from work for up to 12 weeks. The first ten (10) work days of EFMLEA leave is unpaid, unless the employee has available accrued vacation, personal or sick leave which can be substituted for the otherwise unpaid time. The employee will not be required to substitute pay for the first 10 days of unpaid leave. After the 10th unpaid work day, the employee will be eligible for pay from the County equal to 2/3 of the employee's regular rate of pay for the remainder of the available EFMLEA leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of \$200 or aggregate cap of \$10,000, per person. Pay eligibility is based on:
- Full-time: Regular base rate of pay of the employee for the hours the employee would normally work.
 - Regular, Part-time: Regular hours worked per week
 - Variable Work Schedule: Average hours worked in the preceding six months.

An employee may be eligible for regular FMLA leave if they have a COVID-19 diagnosis and they meet the requirements of the FMLA. An employee who is not ill but merely quarantined because of coming into contact with COVID-19 would not be eligible for EFMLEA or FMLA.

EFMLEA is allowed **only** for the reason of closure of the child's school or childcare and the employee needs to provide child care due to the public health emergency and not allowed for other FMLA reasons.

It is important to note that while an employee is entitled to 12 weeks of leave under the EFMLEA, the length of the leave is reduced by any FMLA Leave previously taken by the employee; this is not a separate 12 week entitlement. In other words, Emergency Leave for childcare purposes is automatically reduced by the amount of

leave an employee has already taken in the current administrative year, without regard to the reason for the previous leave.

D. **Benefits During Leave:** Benefits during leave will be applied the same as FMLA Leave.

E. **Employee Status after Leave:** The FMLA's job protected leave requirements and anti-retaliation provisions also apply to EFMLEA leave.

F. **Procedure for Requesting Leave and Certification:** Employees shall:

1. Submit a Leave Request in Kronos.
2. Complete an FMLA Request form that will be used specifically for the purposes under the FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA). Forms can be requested by calling or emailing Human Resources or printing the form from the County website. In compliance with the recommended social distancing, please do not physically go to Human Resources.

Understanding that schools and daycares are closed, and health care providers are overwhelmed at this time, the required certification will be waived unless specifically requested from Human Resources.

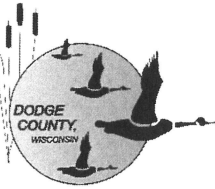
G. **Enforcement:** Nothing in this provision shall be construed to in any way to diminish the rights or benefits that an employee is entitled to under any law, collective bargaining agreement, or existing County policy. An employee is encouraged to consult with Human Resources regarding any questions or concern.

III. **Unemployment Compensation Rights**

The Families First Coronavirus Response Act may extend Unemployment Compensations benefits to eligible employees impacted by the Coronavirus.

IV. **Concurrence**

Dodge County will run leaves granted under the FFCRA concurrent with any other type of leave, as allowed by law.



Families First Coronavirus Response Act (FFCRA) Leave Request Form

04/01/2020-12/31/2020

Employee Information

First Name:		Last Name:	
Employee Number:		Department/Title:	
Employee Address: (City, State, Zip)			
Phone Number		Email:	
Anticipated Begin Date:		Anticipated End Date:	

Please refer to the **FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) POLICIES (Addendum to Dodge County FMLA Policy)** Effective April 1, 2020 regarding eligibility, qualifications and leave details.

I am unable to work or telework for the following reason(s) (Check all applicable):

I. The Emergency Paid Sick Leave Act (EPSLA)

A. Eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap for options 1-3 (this is a continuous leave):

- ☐ (1) Employee is subject to a Federal, State or local quarantine or isolation order relative to the COVID-19
Name of Government Agency that issued the order*: _____
- ☐ (2) Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of health care provider*: _____
- ☐ (3) The employee is experiencing symptoms of the COVID-19 (fever, cough, sore throat, shortness of breath) and is seeking medical diagnosis from an appropriate health provider Name of health care provider where employee is seeking medical diagnosis*: _____

B. Eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap for options 4-6 (Continuous leave; can only be taken intermittently upon mutual agreement between Dodge County and the employee):

- ☐ (4) Employee is caring for a family member subject to a federal, state or local order related to COVID-19;
Name of Government Agency that issued the order*: _____
- ☐ (5) Employee is caring for a son or daughter whose school or place of care is closed or child care provider is unavailable due to COVID-19 precautions;
Names and Ages of the children that require care: _____

If a child is over the age of 14 years please give an explanation of the "special circumstance requiring the employee to care for this child during daylight hours" _____

Are there other suitable person (s) to care for the child/children? _____ If no please state why: _____

☐ I verify that my minor child's school is closed or the childcare provider is unavailable or closed due to the coronavirus. Name of the school, place of care, child care provider: _____

- ☐ (6) Employee is experiencing a substantially similar condition to COVID-19 as has been identified by the Secretary of Health and Human Services. Name of health care provider*: _____

Dodge County will pay 2/3 of the daily scheduled hours rounded up to the quarter hour. The employee may choose to supplement the remaining scheduled hours. Please indicate the priority of the hours you would like to supplement (1st, 2nd, 3rd, etc):

☐ Vacation ☐ Sick Leave ☐ Comp Time ☐ Banked Holiday ☐ Unpaid

II. **Emergency Family and Medical Leave Expansion Act (EFMLEA)**

- C. Employee is unable to work or telecommute and needs to care for a minor child if the child's school or childcare has been closed or is unavailable due to a public health emergency (COVID-19). (Continuous leave; Can only be taken intermittently upon mutual agreement between Dodge County and the employee.)

Names and Ages of the children that require care: _____

If a child is over the age of 14 years please give an explanation of the "special circumstance requiring the employee to care for this child during daylight hours: _____

Are there other suitable person (s) to care for the child/children? _____ If no please state why: _____

- ☐ I verify that my minor child's school is closed or the childcare provider is unavailable or closed due to the coronavirus. Name of the school, place of care, child care provider: _____

An eligible employee must have been employed with Dodge County for at least 30 calendar day.

1. The first 10 work days off will be unpaid.

- a. ☐ I choose to substitute their own accruals.

Please indicate the priority of what you plan to use DURING the first 10 days of your leave:

☐ Vacation ☐ Comp Time ☐ Banked Holiday ☐ Unpaid

OR

- b. ☐ I choose pay for Check Box #B.5 under Section I-EPSLA concurrently with this leave.

2. After the 10th unpaid work day, the employee will be eligible for pay from the County equal to 2/3 of the employee's regular rate of pay for the remainder of the available EFMLEA leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of \$200 or aggregate cap of \$10,000 per person.

Dodge County will pay 2/3 of the daily scheduled hours rounded up to the quarter hour. The employee may choose to supplement the remaining scheduled hours. Please indicate the priority of the hours you would like to supplement (1st, 2nd, 3rd, etc):

☐ Vacation ☐ Comp Time ☐ Banked Holiday ☐ Unpaid

Note: Employees who have used FMLA already in the past 12 months, will have the time available under this act reduced by the FMLA hours already used

**Denotes that the employee is required to provide a copy of the provider's documentation of the diagnosis or a copy of the governmental agency order.*

Certification of Leave Request and Authorization

I verify that I am unable to work or telework for the reasons checked on this form.

I authorize Human Resources to obtain any necessary information regarding my request under the Families First Coronavirus Response Act. I certify that the information I have provided on this form is accurate and truthful information. I further understand that providing inaccurate or false information may result in disciplinary action up to and including termination of my employment.

Employee Signature: _____ Date: _____

Below this line is for Human Resources Use ONLY

Leave Request is:

☐ Approved ☐ Denied

Authorizing Signature: _____ Date: _____

Approval details if needed or denial reason: